



The Amador County District Attorney's
Bad Check Restitution Program

708 Court Street, Suite 202 • Jackson, CA 95642
Call toll-free (866)668-4690

For official use: _____

Check Complaint Form

Note: Use a separate form for each check writer

VICTIM INFORMATION

Company Name _____

Merchant Number _____

Person who accepted check Mr/Ms First Middle Last Suffix

The undersigned states that he/she has actual knowledge of the facts and matter stated above and understands that he/she relinquishes any and all rights of acceptance of restitution unless directed by the Amador County District Attorney's Office. The undersigned also understands that submitting this complaint may result in criminal charges being brought against the check writer.

Signed _____ Date _____

CHECK-WRITER INFORMATION

Name First Middle Last Suffix

Date of Birth Gender M F

Address _____ Home phone _____

City State Zip

Employer _____ Work Phone _____

Driver's License # State Issued

Other ID Type of ID

It is important to list any additional ID or information that will help in locating the check writer. Please print neatly any information that is illegible on the check. Examples: Bank ID or Check Guarantee Card, Military ID, Social Security Card, California ID Card

CHECK INFORMATION

Reason check(s) did not clear:

- Insufficient or Non-sufficient Funds Account Closed
- No Account Stop Payment (no "good faith dispute")
- Refer to Maker/Unable to Locate

Verified ID: Verified ID is important for restitution and prosecution. Please indicate whether the person who took the check can positively identify the check writer. Consult Program Guidelines for more information.

Check No. Date Passed Value of Goods/Services Cash Back Amount of Check Person who Accepted the Check Type of ID and No. ID Verified Y/N

Location check(s) received if other than main business address: _____

List the attempts you have made to collect these check(s): _____

CHECK ELIGIBILITY CHECK LIST:

- | | |
|--|---------------------------|
| 1. Did the person accepting the check(s) witness the check writer sign the check? | (Circle One)
Yes No |
| 2. Did the person accepting the check(s) initial the check as evidence of witnessing signature? | Yes No |
| 3. Did the person accepting the check(s) compare the check writer's signature and imprinted check information with a photo ID, such as a California Drivers License? | Yes No |
| 4. Did the person accepting the check(s) know the check writer? | Yes No |
| 5. Can the person accepting the check(s) identify the check writer? | Yes No |
| 6. Did the person follow an established company policy in accepting the check(s)? | Yes No |
| 7. Has partial payment been taken on the check(s)? | Yes No |

Please attach ORIGINAL OR BANK-GENERATED SUBSTITUTE check(s). Do not staple through signature or identifying information on front or back of check.

Submit this form to: **The Amador County District Attorney's Bad Check Restitution Program**
708 Court Street, Suite 202
Jackson, CA 95642

If you have questions or comments, call toll free:
(866) 668-4690
E-mail: BadChecks@amadorda.com

NOTE: Please write a detailed summary regarding the crime on the back of this form, noting the circumstances of your acceptance of the check(s), your efforts to contact the check writer and any other relevant information. Thank you.